

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594589

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4		3		3		
5		①		1		
6		①		1		
7	1		1			
8		1		1		
9		1		1		
10		3		3		
11		①		1		
12		①		1		
13	1		1			
14		1		1		
15		2		2		
16		①		1		
17		①		1		
18		①		1		
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TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	19	←	19	←		←
TOTAL CLAIMS	23		23			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						